

FILED FEB 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3571

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Shelby County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyna, Mo.		c. LENGTH OF STAY (in this place) 6 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyna			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) William Wadworth Fox				4. DATE OF DEATH (Month) (Day) (Year) 1-21-1950			
5. SEX Male		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-20-1877	
9. AGE (in years last birthday) 72		10. UNDER 1 YEAR Months 11		11. UNDER 1 HRS. Hours 1		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Monroe Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Fox		13b. MOTHER'S MAIDEN NAME Elizabeth Magruder		14. NAME OF HUSBAND OR WIFE Anna K. Fox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna K. Fox, Shelbyna, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic-Hypertensive Cardio-vascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 18 1899, to 1/21 1950, that I last saw the deceased alive on 1/21 1950, and that death occurred at 4:00P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. L. Shreckler M.D.				23b. ADDRESS Shelbyna, Mo.		23c. DATE SIGNED 1/26/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-24-1950		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) Shelbyna, Mo.	
DATE REC'D BY LOCAL REG. Feb-3-1950		REGISTRAR'S SIGNATURE Ada Garrison		FURNERAL DIRECTOR'S SIGNATURE ADDRESS Million & Barkelov Shelbyna, Mo.			

MAY 17 1957

RECEIVED FEB 6
District Health Officer N
District File Number 250
Date Filed FEB 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Cliff Hawkins

Licensed Embalmer No.

3498

P. O. Address

Shelburne Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.